



Veterans Support to Self-Reliance (VSSR) Pilot Quarterly Budget & Progress Report

Quarterly Due Date:

Grant Agreement ID#:

Grantee Name and Location:

Mail original invoice to:

Department of Veterans Affairs, CalVet Accounting Office 1227 O Street, Room 402
Sacramento, CA 95814

Mail approval copy to:

Department of Veterans Affairs, Attn: David Lawrence 1227 O Street, Room 402
Sacramento, CA 95814

Quarterly Budget Summary

Quarterly Due Date:

Grant Agreement ID#:

Grantee Name and Location:

Instructions: Beginning Balance should be equal to initial distribution. Expenditures include all costs associated with maintaining position. Balance is what remains of the annual budgeted amount for each position. Year 1 Projected Cost is the total annual amount budgeted for the first year of the Pilot. For staffing activity, select the staffing acquisition type from the drop-down menu, either Direct Hire or Contract. For each budget element below staffing, use the khaki colored space provided to describe the expenses.

Staffing. Use this space to describe issues, challenges and successes with staff positions (optional):

[illegible]

Tenant Transportation. Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Staff Training. Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Equipment. Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Supplies. Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Travel (vehicles, maintenance, insurance). Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Distributed Administrative Costs. Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Other Costs (nutrition, assistive devices. Activities). Provide a narrative description of expenditures for this quarter:

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Totals for Budget

Beginning Balance	Expenditures	Balance	Year 1 Projected Cost

Quarterly Progress Report

Quarterly Due Date:

Grant Agreement ID#:

Grantee Name and Location:

1. What are your goals and objectives for the Pilot program and identify any and describe any changes from the last report?
2. Describe the progress made toward objectives and the work that remains.
3. Describe specific challenges and issues that are or may be a barrier to achieving the Pilot programs goals and objectives.

4. Describe whether the program is cost-effective and has been effectively implemented on-budget.

5. Describe financial controls in place to ensure that program funds have been used appropriately.